

# SUMMER CAMP 2014 REGISTRATION FORM

## SUNSHINE KIDZ CAMP

**AGES 3 - 5 YEARS** Please refer to "Leisure Times" for full summer camp details.

**\*Birth Certificate Required at Registration\***

**CAMPER'S NAME**

**Date of Birth**

**Gender**

		<b>M</b> <b>F</b>
<b>Address</b>	<b>City of Fairfax Resident?</b>	
	<b>Yes</b> <b>No</b>	

**GUARDIAN NAME**

**Email**

**Home Phone**

<b>Address</b>	<b>Cell Phone</b>	<b>Business Phone</b>

**2<sup>nd</sup> GUARDIAN NAME**

**Email**

**Home Phone**

<b>Address</b>	<b>Cell Phone</b>	<b>Business Phone</b>

**SUNSHINE KIDZ DAY CAMP**

**(Time 8:45am -1pm)**



<b>FULL SUMMER</b> (6/30-8/15, no camp 7/4)	<b>Session A</b> (6/30-7/11, no camp 7/4)	<b>Session B</b> (7/14-7/25)	<b>Session C</b> (7/28-8/8)	<b>Session D</b> (8/11-8/15)
<b>___ \$805</b>	<b>___ \$260</b>	<b>___ \$295</b>	<b>___ \$295</b>	<b>___ \$150</b>
<b>___ \$755</b> (Paying in full at registration by March 1st)				

**Image Release:** I hereby grant permission to the City of Fairfax to utilize any photograph, videotape, recording or other record of my child's participation in the program for legitimate purpose. **Please check:** ☐ **YES** ☐ **NO**

**Assumption of Risk:** I certify that I am older than age 18 and/or the legal guardian of the participant. Due to strenuous nature of some activities, the Parks and Recreation Department encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant or parent/guardian consents to emergency treatment. Also, student and parent understand and expressly assume all risk of all bodily injuries and property damages which might arise from my participation in all City of Fairfax activities in the Parks and Recreation department.

**\*I agree to all the policies and procedures as indicated in the Leisure Times and Parent Handbook\***

**Signed:** \_\_\_\_\_ **Printed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

### PAYMENT INFORMATION

**\_\_\_ Pay in Full \_\_\_ Payment Plan \_\_\_ Check \_\_\_ Cash \_\_\_ Credit**

**Late Fee:** For those who chose payment plan there will be a 14 day grace period then a \$25 per week late fee will be incurred.

### CREDIT CARD INFORMATION

Name as it appears on card: \_\_\_\_\_ Card type: ☐ Visa ☐ Mastercard ☐ AmEx ☐ Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

**Signature** \_\_\_\_\_

☐ **Auto Payment Plan** (I authorize the City of Fairfax to charge the credit card above for the amount due on my payment plan.) **Initials** \_\_\_\_\_

**All Emergency Contact/Health History Forms must be completed and handed in before June 27<sup>th</sup> 2014**

**Forms can be found on [www.fairfaxva.gov/parksrec](http://www.fairfaxva.gov/parksrec)**